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Bib Data Sheet

CONFIRMATION NO. 8213

SERIAL NUMBER 10/743,513	FILING DATE 12/19/2003 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. CE11527JDP
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 ** CONTINUING DATA ***** *NONE HHA*

 ** FOREIGN APPLICATIONS ***** *NONE HHA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Sanigepalli</i> Examiner's Signature	<i>MB</i> Initials		

ADDRESS

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TITLE

Adaptive input/output selection of a multimodal system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 770		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

	<input type="checkbox"/> Other _____
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